Department of Health

Annual Accountability Report
For the Year 2000-2001

December 20th 2001

102-03471/

Department of Health

Annual Accountability Report for the Year 2000-2001

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Department of Health

Annual Accountability Report for the Year 2000-2001

Accountability Statement

The accountability report of the Department of Health for the year ended March 31, 2001, is prepared pursuant to the *Financial Measures (2000) Act*. The Act requires the reporting of outcomes against departmental business plan information for the fiscal year. The reporting of department outcomes necessarily includes estimates, judgements and opinions by departmental management.

We acknowledge that this accountability report is the responsibility of department management. The report represents, to the extent possible, a complete and accurate representation of the outcomes relative to the goals and priorities set out in the Department's business plan for the year.

The Honourable Jamie Muir
Minister of Health

Dr. Thomas Ward
Deputy Minister of Health

Message from the Minister

As Minister of Health, I am pleased to table this Accountability Report for the Department of Health. This is my department's first report under the provisions of the *Financial Measures (2000) Act*. The Government of Nova Scotia and the Department of Health set some important goals and established priorities for 2000-2001 in its business plan entitled "The Course Ahead.". As the progress and outcomes reported here will show, we have remained committed to those goals and priorities and have done so at a cost which is sustainable for Nova Scotia.

I am proud of our many accomplishments in 2000-2001. Among our major achievements were:

- Creating and passing legislation to enable the integration of the health system around nine new District Health Authorities (DHAs) and thirty-seven Community Health Boards (CHBs). Two thirds of the volunteer members of DHA boards will be nominated by Community Health Boards.

- Appointing new governance boards and Chief Executive Officers for the new DHAs;

- Transferring programs and services for seniors to the Department of Health as a means of building an integrated, accessible and user-friendly service for seniors;

- Improving the way seniors access continuing care service by piloting "single entry access" to home care, long term care, small options homes, community residences and residential care facilities;

- Funding health research projects in areas such as breast cancer screening, children's mental health, and women's cardiac diseases through the Nova Scotia Health Research Foundation;

- Providing supports and incentives to physicians, nurses and other health professionals to train in Nova Scotia and to stay here and work in our health care system; and

- Developing and implementing a new approach to health services planning which emphasizes the use of hard evidence in making decisions about how services will be made available to individual communities across the province.

Our vision is for a dependable, caring health system that provides the right response by the right care provider in the right place and at the right time. Although there is still much to do, our accomplishments in 2000-2001 represent significant and encouraging progress in creating this vision of the future.

Departmental Accomplishments

The priorities of the Department of Health for 2000-2001 were grouped as follows:

- Better Health
- Improved Service
- System Sustainability

The following table summarizes the Department's progress in each priority area.

Goal	Priority	Departmental Accomplishments
Better Health	Promote a healthy population through participating with others in initiatives aimed at each of the areas of Nova Scotia's Health Goals: health promotion, healthy environment, healthy living, good management, public participation and social justice.	The Department of Health and District Health Authorities support delivery of client-based services in the areas of public health, tobacco control and addictions. In the public health area, influenza policy for health care workers and a guide to *Breastfeeding Basics* was developed. The Cape Breton Regional Municipality was supported in its development of a smoke-free by-law and in the establishment of a smoking cessation program. Addiction service gaps and requirements were reviewed and a standardized best practices document for assessment of addictions treatment was produced. The Department worked with the health sector, education and community partners to establish the Alliance for Healthy Eating and Physical Activity; and with the Tourism Industry Association of Nova Scotia (TIANS) and Gaming Corporation to train bar service staff for positive intervention into problem gambling situations. The Department worked collaboratively with national partners in the development of the Canadian Problem Gambling Prevalence Instrument. This will allow for a common national approach to measuring problem gambling. An application process was also developed for grants to community agencies from the Nova Scotia Gaming Foundation. Nova Scotia's Framework for Action on HIV/AIDS was developed as a blueprint to respond to HIV/AIDS need and a coordinated provincial stakeholder consultation for the development of a Comprehensive Tobacco Strategy was held.

Goal	Priority	Departmental Accomplishments
Better Health	Establish and formalize through legislation the role and function of Community Health Boards in providing advice to District Health Authorities (DHAs) on matters relating to community-based health services.	The *Health Authorities Act* recognized in legislation the planning and advisory role of Community Health Boards (CHBs). District Health Authorities (DHAs) are required to review and consider CHB health plans as part of their district business planning. Under the legislation, the Minister of Health appoints two thirds of the membership of each DHA from nominees put forward by CHBs. The remaining one third are appointed by the Minister. Regulations under the Act were completed in 2000-2001 which spell out the CHB nomination process for DHAs and the CHB member selection process.
Better Health	Promote and support the health and well-being of children and youth in Nova Scotia through intergovernmental, interdepartmental and intersectoral collaboration in policy development and program funding. Emphasis will be given to youth-focussed health promotion and disease prevention initiatives and early detection / intervention for youth substance abuse.	The Department of Health participated in an inter-departmental process which developed a framework for quality child care and enhanced home visiting (Early Childhood Development Initiative). Provincial youth health centre evaluations were planned in consultation with youth, youth health centres, the Gay and Lesbian Youth Project, the Children and Youth Action Committee (CAYAC) and community partners. A Youth Tobacco Advisory Committee was established to provide advice on tobacco use prevention approaches. A gambling-related curriculum supplement for upper elementary students was developed and funded in cooperation with the Department of Education.

Goal	Priority	Departmental Accomplishments
Improved Service	Complete the transition of the health care system from a regional health board structure to District Health Authorities. The 9 District Health Authorities will be accountable to the Minister of Health for the planning and delivery of appropriate health care services. The transition will be accomplished with a minimum of disruption to the health care system, care providers, patients and families.	The Government introduced comprehensive legislation to replace the regional health board structure with nine new District Health Authorities (DHAs) and to give local communities a stronger voice in local health care. The *Health Authorities Act* emphasizes financial management and accountability in the health care system and legitimizes the role of Community Health Boards (CHBs) in needs-based health services planning. The boards were appointed, the CEOs hired and operations began at all nine DHAs during 2000-2001. DHAs are responsible for planning, managing, delivering and monitoring hospital, public health, addictions and mental health services across Nova Scotia.
Improved Service	Establish community-based primary health care as the foundation of the health care system. Integrated community-based services will be provided across the province under the direction of the new District Health Authorities.	The Strengthening Primary Care in Nova Scotia project, jointly funded with Health Canada until March 31, 2001, will continue with provincial funding until 2003. Nurse Practitioners were hired for each of four demonstration sites across the province to work collaboratively with physicians in primary care delivery to communities. The *Nova Scotia Pharmacy Act* and regulations were amended to specifically allow pharmacists to fill prescriptions written by nurse practitioners.

Goal	Priority	Departmental Accomplishments
Improved Service	Assume responsibility for all seniors' programs and services and introduce a process of single-entry coordinated access to home care and long term care services. This will ensure appropriate and timely access and placement for Nova Scotians who need these services, matching their assessed needs to the most appropriate service.	On April 1, 2000, the Department of Health assumed responsibility for 33 residential care facilities, 31 community residences, 54 small options homes, Adult Protection Services, administration of the Adult In-Home Support Program, intake, placement and case management of clients in licensed nursing homes, and the Senior Citizens' Secretariat. In October 2000, the Department of Health began two demonstration sites for single entry access (SEA) by seniors to home care and long term care services. By the end of March 2001, the sites had succeeded in improving needs-based access by seniors to appropriate and cost-effective services. Province-wide implementation planning of SEA is underway. SEA will be implemented throughout the province in 2002-2003. In November 2000, wage parity for most nursing home employees took effect for the first time. Effective February 1, 2001, as part of the SEA initiative, a universal classification policy for all nursing homes and homes for the aged was introduced which requires all prospective residents to be assessed and approved for placement by the Department of Health. Prior to this change, private paying applicants were able to enter these homes directly with no consistent assessment process.
System Sustain-ability	Provide leadership to the health care system in managing the demand for health services. Health services must be provided where and when they can do the most good.	The Deputy Minister and other senior staff of the Department of Health have been meeting regularly with DHA CEOs, health professional associations, university representatives, unions and other health provider organizations to keep them apprised of the health and fiscal challenges before the Province. The Phase 1 Report of the Clinical Services Steering Committee outlines a methodology and approach to understanding and managing the demand for acute care services. Phases 2 and 3 will look at Continuing Care and Primary Care, respectively.

Goal	Priority	Departmental Accomplishments
System Sustain-ability	Develop a clinical services master plan for the province of Nova Scotia. The plan will identify the publicly funded health care services which must be available to Nova Scotians and will determine the location of each on the basis of clinical need, quality and access standards, and available funding.	The Department of Health released the report of the Clinical Services Steering Committee on February 15, 2001. The Committee's mandate included an examination of all aspects of Nova Scotia's acute care system. Entitled "Making Better Health Care Decisions for Nova Scotia," the report outlined an approach to the distribution of hospital services on the basis of four key principles of health care and service – sustainability, quality, access and affordability. The report categorized the province's hospitals into 5 key groupings on the basis of the demand for service and the complexity of care. Each DHA is to have a district hospital supported by a network of community hospitals and other community-based health services .
System Sustain-ability	Complete reviews of the hospital and mental health services systems in Nova Scotia and implement recommendations aimed at improving service while holding the line on costs.	In keeping with the Government's commitment, the report on mental health services entitled "Mental Health: A Time for Action" was received by the Department of Health and released in June 2000. The review team met with almost 300 people and received more than 125 written submissions. The report identified many strengths in mental health services in Nova Scotia, but also identified weaknesses to be addressed. A Steering Committee has been formed and charged with the task of developing an implementation plan

Goal	Priority	Departmental Accomplishments
System Sustainability	Continue emphasis on health human resource planning to ensure that Nova Scotians have access to physicians, nurses and other health care professionals when they need it.	Physician recruitment continues to be successful. Although some communities are still under-serviced, Nova Scotia has higher physician to population ratios than most other provinces. Special incentive contracts, alternate funding contracts, and a debt assistance program are among the successful strategies for recruiting and retaining physicians in Nova Scotia communities. The Department of Health established a Physician Resource Planning Steering Committee with a mandate to develop, pilot, recommend and oversee the implementation of a comprehensive physician resource plan for Nova Scotia. Strategies for nursing recruitment, retention and retraining have been coordinated by the Department's nursing policy advisor. Progress in 2000/01 included forming a Provincial Nursing Network, creating more than 100 new full-time or part-time positions through the conversion of casual positions in the acute care sector, expanding the baccalaureate schools of nursing by 30% (75 seats), creating a nursing student bursary program, launching a provincial web-site for nursing vacancies, and offering a cooperative education option of nursing students. The Department of Health has a Steering Committee on Health Human Resource Planning. The role of the committee is to develop a plan for Nova Scotia to achieve and maintain an optimal and stable health work force that is responsive to the changing needs of the population. The Department of Health, in collaboration with the Health Care Human Resource Sector Council, and with financial support from Human Resources Development Canada (HRDC), has established a human resource consulting team to assist the Department in its human resource research and planning initiatives over the next 2 years. The Department of Health is providing leadership at the Atlantic level through the Atlantic Advisory Committee on Health Human Resources. The group is conducting health sciences education planning for the region. A joint minimum data set to facilitate this process has been developed. The Department of Health is also providing leadership at the national level. The Deputy Minister chairs the Federal/Provincial/Territorial (F/P/T) Advisory Committee on Health Human Resources, which is responsible for developing national strategies for human resource planning.

Goal	Priority	Departmental Accomplishments
System Sustain-ability	Develop and implement a health information management strategy which will enable quality care delivery and efficient management practices throughout the health care system.	As the lead province in Health Infostructure Atlantic (HIA), the Department of Health applied for and received federal government funding assistance for three large health information technology projects which together form the foundation of an electronic health record. The Nova Scotia Telehealth Network is now operated by the Department of Health. A program review confirmed its value in terms of clinical effectiveness, patient satisfaction and health system efficiency. Working with the federal government, the Department initiated development of a "made in Nova Scotia" approach to the protection of personal health information in terms of privacy, confidentiality and security.
System Sustain-ability	Promote health services and medical research in Nova Scotia through the establishment and support of the Nova Scotia Health Research Foundation.	The Nova Scotia Health Research Foundation's first grant competition awarded over $4.7 million in multi-year research grants to Nova Scotia health researchers. The Foundation hosted a research capacity building workshop in January 2001, announced its 2001/02 grants competition in February 2001, and provided capacity support to Nova Scotia researchers in the open grants and Regional Training Centre competitions of the Canadian Health Services Research Foundation.

Highlights from Information Technology

Priority	Departmental Accomplishments
Updating the health information systems strategy with advice and support from an advisory committee with broad geographic representation to advise on technology across the province	A Hospital Information Systems (hIS) Advisory Committee was established to provide advice and subject matter expertise throughout the Meditech project; act as champions to change; assist with obtaining buy-in from organizations and ensure overall quality assurance. The Advisory Committee has representatives from each District Health Authority, as well as representatives from the physician community, medical society, Department of Transportation and Public Works (Corporate Strategies), and from academic research.
Improving compliance with national reporting standards and improved reporting of management information systems guidelines	Implementation of a standardized chart of accounts for Acute Care Facilities using CIHI-MIS guidelines is complete. Centralized collection of th se provincial financial and statistical data for reporting and analysis is in progress and nearing completion.
Developing improved client assessment and care planning in both long term care and home care. Supporting single entry assessment for continuing care.	In October 2000, demonstration projects in DHAs 7 and 8 were implemented to evaluate Single Entry Access. One component of the project was an automated assessment tool, Resident Assessment Instrument - Home Care (RAI-HC) tool. Planning for a provincial roll-out is currently in progress.
Implementing Practice and Clinical Management Systems Suites to support the Primary Care Demonstration projects.	Clinical Management System Suites in four primary care demonstration sites were implemented in the Spring of 2000. This project has entered the evaluation phase.
Developing a provincial strategy for an Integrated Public Health Surveillance System	Working with Health Canada and other provincial and territorial departments, common standards and approaches for an Integrated Public Health Surveillance System are being developed.
Working in partnership with health provider organizations across the province and with other provinces in the Atlantic region, to develop and share best practices and, where appropriate, common standards as well.	Health Infostructure Atlantic (HIA), with funding participation by Health Canada, is implementing tele-radiology improvements and information management support to single entry access and case management functions in home care and long term care.

Highlights from Human Resources

Priority	Departmental Accomplishments
Continuing realignment of the organization of the Department of Health to facilitate its role and responsibilities in building an integrated approach to health service delivery.	Departmental capacity and branch support in Policy and Research was enhanced with the establishment of the Health Systems Development Branch (from existing resources). The Financial Services Branch was more appropriately resourced to reflect the scope of responsibility. Population Health principles were reflected in the realignment of Public Health, Primary Care and Emergency Health Services.
Continuing resourcing of expertise needed to address immediate and long term priority areas within the health care system.	Special expertise in key areas was accessed by seconding key staff members from the universities and health care sector for specific projects and priority programs.
Development of a corporate team perspective and emphasis on integration with government wide policy initiatives.	The Department of Health was actively involved with the Public Service Commission and other departmental human resource Directors to evaluate a Human Resource Strategy for the provincial public service.
Development of a labour relations / human resources strategy in conjunction with various stakeholders.	The Department of Health facilitated improvements in cooperation across the health sector in the areas of labour relations and human resource planning.

Financial Results
Department of Health - March 31st 2001

No.		Actuals '2000/2001*	2000 - 2001 Estimate*	Actual / Estimated Variance*
1	General	$ 958,826	$ 1,002,000	$ (43,175)
2	Chief Finance Office	1,818,552	1,794,900	23,652
3	Chief Information Office	3,045,656	2,932,600	122,065
4	Specialized Services	2,801,421	3,338,500	(537,080)
5	Acute and Continuing Care	3,419,116	3,139,300	279,816
6	Population Health	6,884,565	6,634,900	249,665
7	Mental Health Program	624,770	704,200	(79,431)
8	Insured Programs	9,744,719	11,203,000	(1,428,282)
9	Medical Payments	361,573,028	358,832,500	2,740,527
10	Pharmacare Program	73,259,771	83,250,000	(9,990,229)
11	Other Insured Programs	25,904,854	27,285,000	(1,380,146)
12	Revenue Recoveries	(25,664,873)	(24,770,000)	(894,873)
13	Emergency Health Services	44,575,753	44,280,600	295,153
14	Provincial Programs	1,705,161	1,917,000	(211,839)
15	Other Health Care Initiatives	42,707,640	32,777,000	9,930,639
16	Other Programs	16,690,381	18,650,500	(1,960,119)
17	District Health Authorities	798,171,026	750,064,700	48,106,335
18	IWK Health Care Centre	98,030,621	93,008,200	5,022,421
19	Care Coordination	15,490,142	16,801,300	(1,311,158)
20	Home Care Services	80,992,155	69,345,000	11,647,155
21	Long Term Care	171,826,681	154,931,700	16,894,981
22	Capital Grants - Health	12,827,832	29,026,000	(16,198,169)
	TOTALS	**$ 1,747,387,797**	**$ 1,686,140,000**	**$ 61,247,797**

* All figures rounded to the nearest dollar.
Explanatory Notes on the page following.

Explanatory Notes:

1. Decrease - Travel and miscellaneous office expenses
2. Increase - Salaries and miscellaneous office expenses
3. Increase - Salaries, relocation expenses and hardware information technology purchases
4. Decrease - Delays in hiring MOH position, secondments, LOA and other miscellaneous office expenses
5. Increase - Legal Services due to budget not transferred from Department of Community Services
6. Increase - Tobacco strategy costs, start-up of new cost centre (Population Health) and other miscellaneous office expenses
7. Decrease - Due to secondments
8. Decrease - Due to efficiencies in contracts, services and other operational efficiencies
9. Increase - Due to utilization
10. Decrease - Due to additional seniors moved to private insurance (ILR-Insurer of Last Resort) than originally anticipated and new drugs not added to the eligibility list
11. Decrease - Due to utilization
12. Increase - Recoveries for Third Party Levy
13. Increase - Air medical transport, labour negotiations and dispatch costs offset by decrease in user fees
14. Decrease - Forensic facility costs and reduction in biological drug costs
15. Increase - Adjustment to actual surplus carry forward and approved Canadian Blood Services budget, additional funding to Health Research Fund Grant and increase in nursing initiatives
16. Decrease - Reallocation of funds (salaries), decrease in DHA transition costs, medical grants, and overall decrease in program grants
17. Increase - Reallocation of funds within the Department of Health, approved deficits, increases in vacation liability due to future wage increases offset by various miscellaneous expenses
18. Increase - Reallocation of funds within the Department of Health, approved deficits, increases in vacation liability due to future wage increases offset by various miscellaneous expenses
19. Decrease - Salaries, telecommunications, office rental costs and operational expenses
20. Increase - Due largely to Home Support payments and medical supplies
21. Increase - To reflect anticipated expenditures: wage settlements, Fire Marshall and Safety Capital/Staffing; Capital Projects commitment, operational grant per bed, other operating expenses adjustments and an Allowance of Doubtful Accounts ($2.9M)
22. Decrease - Delays in Dartmouth General Hospital emergency renovations, Cobequid Multi-services Centre renovations, Amherst (new facility) and Yarmouth redevelopment, Phase 2